

FIG. 1

FIG. 2 is a schematic diagram of a computer screen 200a showing a medical history form 260. The form 260 is divided into several sections. The top section 241 contains a list of medical problems, including Abdominal Flank Pain, Abuse / Neglect, Airway Obstruction, Allergic Reaction, Altered Mental/Neurological, Amputation, Assault, Back Pain, and Behavioral Problem. The middle section 242 contains a list of medical problems, including Abdominal Flank Pain, Abuse / Neglect, Airway Obstruction, Allergic Reaction, Altered Mental/Neurological, Amputation, Assault, Back Pain, and Behavioral Problem. The bottom section 243 contains a list of medical problems, including Abdominal Flank Pain, Abuse / Neglect, Airway Obstruction, Allergic Reaction, Altered Mental/Neurological, Amputation, Assault, Back Pain, and Behavioral Problem.

200a

ABC 123 Patient = Smith, John F. Run #: 4-97866743 2/12/00 - 8:20:42 PM

Main Crew Call Patient Billing PMH Pt. Meds Problems

Exam Vitals Treatment Disposition Review Notes Protocols Help

Problem list

Abdominal Flank Pain
Abuse / Neglect
Airway Obstruction
Allergic Reaction
Altered Mental/Neurological
Amputation
Assault
Back Pain
Behavioral Problem

Primary

☒ ☐ ☐

Patient's problem(s)

Abdominal Flank Pain

Problem began/occurred

20 ☒ Minutes ☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Years ☐ Unknown ago

Intent

☐ Accidental ☐ Self harm ☐ Recreational ☐ Harm by other(s) ☐ Unknown ☒ N/A

History reported by

☐ Bystander ☒ Patient ☐ Police ☐ Family ☐ Healthcare provider ☐ Other

Injury related

☒ No ☐ Yes

Activity at onset

Eating

250

260

FIG. 2

ABC

123

Patient = Smith, John F.

Run #: 4-97866743

2/12/00 - 6:56:37 PM

Main

Crew

Call

Patient

PMH

Pt. Meds

Problems

Exam

Vitals

Treatment

Disposition

Review

Notes

Protocols

Help

Body

R

L

ENTIRE

BOTH

211

210

224

History of Present Problem

Pain

☐ Primary pain

☐ Radiated pain

General

☐ Bleeding
 ☐ Congested/ plugged
 ☐ Discharge/ drainage

☐ Foreign body/ substance

☐ Infection
 ☐ Mass/ lump/ bump
 ☐ Stiffness
 ☐ Swelling

Neurological

☐ Numbness/ tingling
 ☐ Paralysis
 ☐ Shaking/ seizing
 ☒ Weakness

Wound

☐ Abrasion/ scratch
 ☐ Amputation
 ☐ Bite/ sting
 ☐ Burn
 ☐ Crush
 ☐ Cut/ laceration
 ☐ Frostbite
 ☐ Puncture

Musculoskeletal

☐ Deformity
☐ Dislocated
☐ Fractured/ broken

Skin

☐ Blisters
☐ Bruising
☐ Cool/ cold
☐ Discoloration
☐ Dryness
☐ Hives
☐ Itching
☐ Rash
☐ Redness
☐ Sore/ lesion
☐ Warmth

Complaint location(s)

Body

+

X

-

FIG. 3

Figure 1 is a schematic diagram of a medical history and physical examination form. The form is organized into several main sections:

- Header/Navigation:** Includes a date/time stamp (2/12/00 - 6:59:11 PM) and a series of buttons for navigation: ABC, 1 2 3, Main, Crew, Vitals, Exam, Treatment, Disposition, Review, Billing, Patient, PMH, Pt. Meds, Problems, Protocols, and Help.
- History of Present Problem:** This section contains several sub-sections for recording symptoms:
 - Pain:** Includes checkboxes for Primary pain (checked) and Radiated pain.
 - General:** Includes checkboxes for Bleeding, Congested/plugged, and Discharge/drainage.
 - Musculoskeletal:** Includes checkboxes for Foreign body/substance.
 - Infection:** Includes checkboxes for Mass/lump/bump, Stiffness, and Swelling.
 - Neurological:** Includes checkboxes for Numbness/tingling, Paralysis, Shaking/seizing, and Weakness.
- Physical Examination:** This section features a large diagram of a human torso with dashed lines indicating areas for examination. Labels include:
 - Chest:** L (Left) and R (Right).
 - Abdomen:** L (Left) and R (Right).
 - Genitalia:** L (Left) and R (Right).
 - ENTIRE:** A section for a full-body examination, with options for ENTIRE or BOTH.
- Problems:** A section for recording medical problems, including a list of common conditions (e.g., Blisters, Bruising, Cool/cold, Discoloration, Dryness, Hives, Itching, Rash, Redness, Sore/lesion, Warmth) and a section for Complaint location(s) with checkboxes for Body and Chest.

The form is labeled with various numbers: 205, 206, 222, 211, 222, and 224.

FIG. 4

200b

ABC	123	Patient = Smith, John F.				Run #: 4-97866743	2/12/00 - 7:04:06 PM
Main	Crew	Call	Patient	Billing	PMH	Pt. Meds	Problems
Exam	Vitals	Treatment	Disposition	Review	Notes	Protocols	Help

History of Present Problem (Seizures)

Number of seizures

☒ 1 Seizure

Duration

☒ < 30 minutes ☐ ≥ 30 minutes

☐ > 1 Seizure

Awake between seizures

☐ No ☐ Yes

☐ Unknown

Type of seizure

☐ Motionless stare

☐ Repetitive phrases / actions (lip smacking, picking)

☐ Sudden loss of muscle tone (drop attack)

☐ Localized twitching / jerking / shaking

☒ Generalized twitching / jerking / shaking

☐ Unknown

Aura

☐ Smell ☐ Taste ☐ Visual ☐ Auditory ☐ Tactile sensation ☐ Other





FIG. 5

ABC	123	Patient = Smith, John F.	Run #: 4-97866743	2/12/00 - 7:04:06 PM
Main	Crew	Call	Patient	Billing
Exam	Vitals	Treatment	Disposition	Review
History of Present Problem (Motorized Vehicle Crash)				
Patient was _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Front seat passenger</div>		Air bag(s) deployed? _____ <input type="checkbox"/> Driver's side impact <input type="checkbox"/> None <input checked="" type="checkbox"/> Passenger's dashboard <input checked="" type="checkbox"/> Passenger's side impact <input checked="" type="checkbox"/> Steering wheel <input type="checkbox"/> Unknown		
In/on _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Sport utility vehicle</div>		Ejected / thrown from vehicle _____ <input type="radio"/> Completely <input type="radio"/> Partially <input checked="" type="radio"/> No <input type="radio"/> Unknown		
Restraints used _____ <input type="radio"/> None <input checked="" type="radio"/> Yes <div style="border: 1px solid black; padding: 2px; display: inline-block;">Lap & shoulder belt</div>		Rollover _____ <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		
Restraint use reported by _____ <input type="checkbox"/> Bystander <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Police <input type="checkbox"/> Other		Patient's vehicle found _____ <input type="radio"/> Inverted <input type="radio"/> On left side <input type="radio"/> On right side <input checked="" type="radio"/> Upright		

ABC	123	Patient = Smith, John F.	Run #: 4-97866743	2/12/00 - 7:04:06 PM
Main	Crew	Call	Patient	Billing
Exam	Vitals	Treatment	Disposition	Review
			PMH	Notes
			Pt. Meds	Problems
			Protocols	Help

History of Present Problem (Motorized Vehicle Crash (continued))

<u>Patient's Vehicle</u>	<u>Major Impact</u>	<u>Other Impact</u>
Major impact to pt's vehicle <div style="border: 1px solid black; padding: 2px;"> Passenger's side middle </div>	Major impact with <div style="border: 1px solid black; padding: 2px;"> Passenger car </div>	Other impact with <div style="border: 1px solid black; padding: 2px;"> Snow bank </div>
Patient's vehicle was <input checked="" type="radio"/> Stopped <input type="radio"/> Traveling backward <input type="radio"/> Traveling forward <input type="radio"/> Unknown	Opposing object / vehicle was <input type="radio"/> Stopped / stationary <input type="radio"/> Traveling backward <input checked="" type="radio"/> Traveling forward <input type="radio"/> Unknown	
Speed of patient's vehicle <input checked="" type="radio"/> Low (< 20 MPH) <input type="radio"/> Moderate (20-50 MPH) <input type="radio"/> High (> 50 MPH) <input type="radio"/> Unknown	Speed of patient's vehicle <input type="radio"/> Low (< 20 MPH) <input checked="" type="radio"/> Moderate (20-50 MPH) <input type="radio"/> High (> 50 MPH) <input type="radio"/> Unknown	
Patient's vehicle damage <input type="radio"/> Minor <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown	Damage to opposing vehicle <div style="border: 1px solid black; padding: 2px;"> Front end </div>	

FIG. 7

11/11/00 11:15:41 AM

ABC 123		2/11/00 - 11:15:41 AM									
Main	Crew	Call	Patient	Billing	PMH	Meds	Complaint				
Exam	Vitals	Treatment	Disposition	Review	Notes	Protocols	Help				

Call Date
2/11/2000

Agency
Acme Ambulance Service

Vehicle ID
567

Call Location
1357 Lake Shore Blvd.

Location Type
Home / residence

Location Code
Boston - (1421)

Dispatch Info
Unresponsive male - diabetic related

Call Type
Scene call - emergency

Response to scene
Lights and sirens

Barrier to pt. contact
None

Run # 4-97856743

Vehicle type
Ambulance

Ambulance
Helicopter
Airplane
Boat
Other

Unresponsive male - diabetic related

Scene call - emergency

Lights and sirens

None

Call Times

Call Rec'd	10:20	
Enroute	10:21	
At Scene	10:25	
Pt. Contact	10:26	
From Scene	10:53	
At Destin	11:03	
From Destin		
In Service		
In Quarters		

Mileage

Begin	1034.5	
End	1040.2	
Total	5.7	

Patient Transfer

Transferring Vehicle ID

Previous PCR

O None

O Unknown

O Number

FIG. 8

	312	316	314	
Call Times				
Call Rec'd	10:20	▲ ▼	🕒	310
Enroute	10:21	▲ ▼	🕒	
At Scene	10:25	▲ ▼	🕒	
Pt. Contact	10:26	▲ ▼	🕒	312a 314a 316a
From Scene	10:53	▲ ▼	🕒	
At Destin	11:03	▲ ▼	🕒	
From Destin		▲ ▼	🕒	
In Service		▲ ▼	🕒	
In Quarters		▲ ▼	🕒	

FIG. 8a

ABC

123

Patient = Smith, John F.

Run #: 4-97856743

2/11/00 - 11:09:01 AM

Airway

Oxygenation

CPR / Defibrillation

IV / Fluids

Medications

Immobilization

Injury Care

Exit Treatment

Airway Management

Airway opened

☒ Head tilt

☐ Jaw thrust

☐ Chin lift

☐ Abdominal thrusts
☐ Chest thrusts
☐ Back blows

☒ Suction
☐ Magill forceps

Needle chest decompression

☐ Right thorax

☐ No air rush

☐ Air rush

☐ Left thorax

☐ No air rush

☐ Air rush

Gastric decompression

☐ NG tube placed

Airway adjuncts

☒ Oral airway

☐ Size

☐ Nasal airway

☐ Size

☐ EOA / EGTA

☐ Needle jet ventilation

☐ Size

☒ Intubation

☐ Size

☐ # attempts

☐ Successful

☐ Yes

☐ No

☐ By EMT

☐ Mike Sullivan

Tube placement confirmed with

☒ EDD

☒ Auscultation

☐ ETCO2

FIG. 9

ABC

123

Patient = Smith, John F.

Run #: 4-97866743

2/11/00 - 10:47:30 AM

Main

Crew

Call

Patient

Billing

PMH

Meds

Complaint

Exam

Vitals

Treatment

Disposition

Review

Notes

Protocols

Help

Time

Pulse

Respirations

BP

GCS

Cups

10:47	88 Reg.	18 Easy	122/78	15	Stable
10:35	80 Reg.	16 Easy	118/76	12	Potentially Unstable

Time

10:47

Pulse

Rate

88

Quality

Normal

Reg

Irreg

BP

122/78

Respirations

Rate

18

Quality

Easy

EKG

Rhythm

Normal sinus rhythm

Ecctopy

Skin

Color

Normal

Temperature

Warm

Cap. Refill

<= 2 Seconds

Condition

Normal

GCS

Verbal

Oriented

Motor

Obeys Commands

Eye Opening

Spontaneous

GCS Score

15

Pupils

Left

Right

Size

Normal

Normal

Appearance

Round

Round

Reactivity

Normal

Normal

Glucose

88

SaO2

99

ETCO2

CUPS

Stable

Pot. unstable

Unstable

Critical

522

510

500

534

532

516

515

FIG. 10

FIG. 11 is a schematic diagram of a computer system for medical data processing. The system includes a central processing unit (CPU) connected to a database and a user interface. The user interface displays a form for patient information, including name, date of birth, and medical history. The database stores patient records and medical data. The CPU processes the data and generates reports.

ABC

123

Patient = Smith, John F.

Run #: 4-97866743

3/11/00 - 8:19:18 AM

Main

Crew

Call

Patient

Billing

PMH

Pt. Meds

Problems

Exam

Vitals

Treatment

Disposition

Review

Notes

Protocols

Help

Primary Insurance

Secondary Insurance

No Fault

Worker's Comp

Company

Policy #

Group #

Insured's Name

Relationship to Insured

Allstate - (11)

67435-A12

243

John Smith

Self

No Fault

☐ No

☒ Yes

Worker's Comp

☐ No

☐ Yes

Medicare & Medicaid

Employer Information

Medicare #

Medicaid #

Employer

Address

State

Reason For Tx

Pt's Signature

Zip Code

Renal Failure-Uremia-Acute - (584.9)

Respiratory Distress,Acute - (799.1)

Respiratory Infection - (519.8)

Retinal Detachment - (361.9)

Seizure Disorder - (780.3)

Sepsis (Blood Poisoning) - (038.9)

Shock - (785.50)

Shock,Septic - (785.59)

FIG. 11

FIG. 12 is a schematic diagram of a user interface for a medical device. The interface includes a header section 100, a main content area 110, and a footer section 120. The header section 100 displays patient information: "Patient = Smith, John F.", "Run #: 4-97866743", and "2/12/00 - 6:56:37 PM". The main content area 110 is divided into two columns of buttons. The left column contains buttons for "Main", "Exam", "Crew", "Vitals", "Treatment", and "Disposition". The right column contains buttons for "Call", "Patient", "Billing", "Review", "PMH", "Notes", "Pt. Meds", "Protocols", "Problems", and "Help". The footer section 120 contains a dashed box 140 with two window icons 150. A dashed box 122 is located on the left side of the main content area 110. A dashed box 152 is located on the right side of the main content area 110.

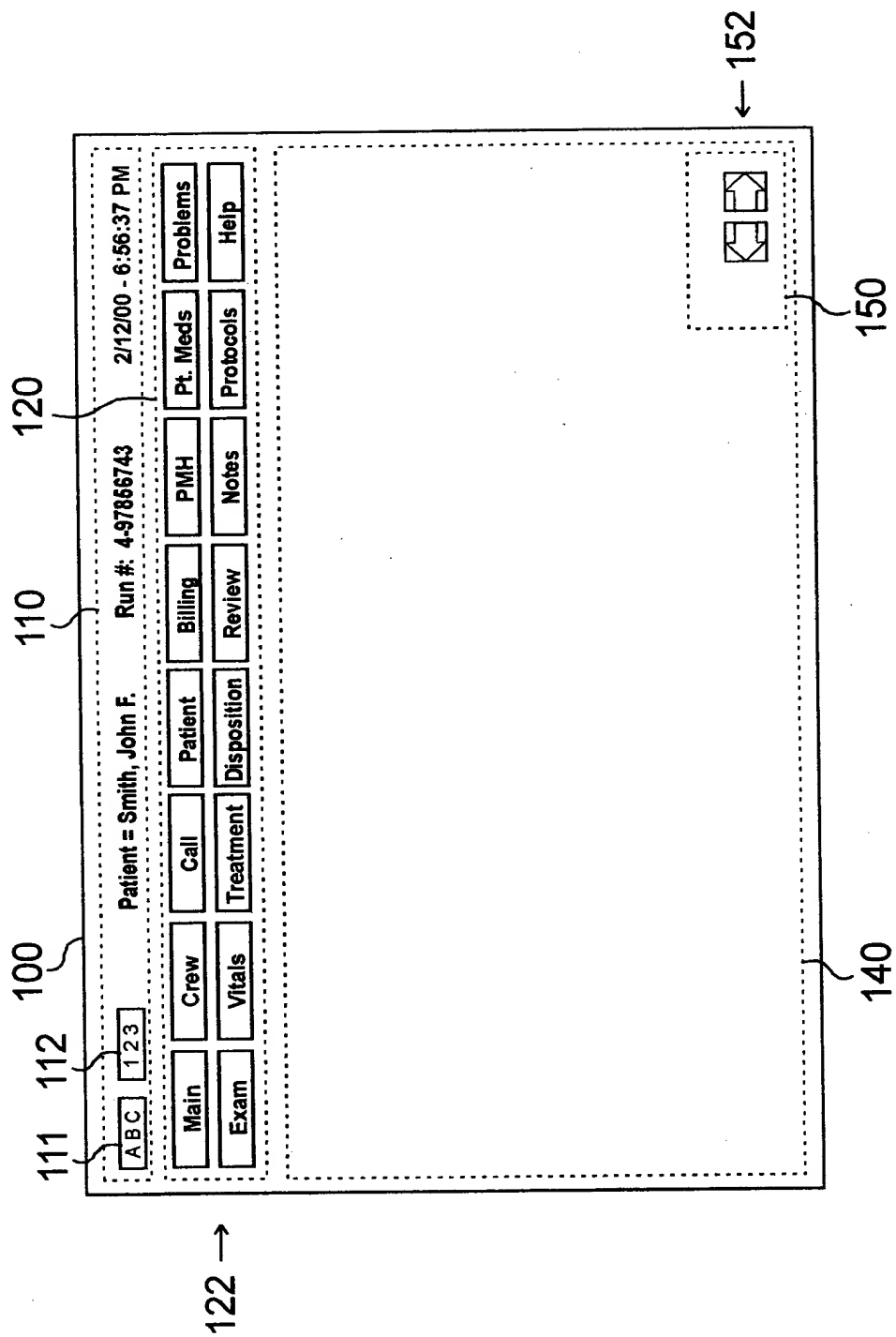


FIG. 12